Concept Brief

San Antonio Military Vascular Surgery Center

59th MDW
Lackland Air Force Base, Texas 78236
November 2004

Overview

- **Existing challenges**
  - **Proficiency**
  - **Deployment**
  - **Space / equipment**
  - **Multi-Market strategy**
- **Analysis of options**

Peripheral Vascular and Endovascular Surgery

Vascular Services

- Age-related vascular disease
  - Beneficiary care
  - Proficiency stand
  - GME

- Wartime vascular injur
  - Readiness

Existing Vascular Practices

WHMC

- 3 USAF vascular surgeons
- 5900 outpatient visits / year
- 300 operations / year
- 8 OR days / month
- Noninvasive vascular lab

BAMC

- 2 USA vascular surgeons
- 1 civilian contract
- 2800 outpatient visits / y
- 225 operations / year
- 10 OR days / month

Current Challenges - Proficiency

- Vascular services at MTFs negatively impacted by loss of Medicare beneficiaries to civilian network
- Outcomes improved at high-volume vascular centers
- Case numbers for vascular providers barely sufficient to maintain Readiness Skill Verification (RSV)

Opportunity for Collaboration

Current Challenge – Deployment

- Deployments have negative impact on stability of vascular surgery services at both MTFs
- Deployments make limited collaborative efforts between MTFs difficult to sustain

Opportunity for Collaboration

Current Challenge – Capital Investment

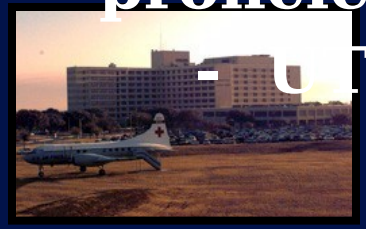
- Advances in Medical Practice (AMP) funding to Army vascular surgery services over past 3 years
- WHMC vascular services require capital investment
  ($1.5M approved/ unfunded SGROCC initiative)

Opportunity for Collaboration

Current Challenge – Multi-Market Strategy

- Management of prime patients within single high-volume military vascular center
- Management of vascular patients with Medicare benefits at UTHSCSA by military surgeons
  - Patients provided continuity of military vascular care
  - Military providers/ residents maintain proficiency / GME
  - UTHSCSA collects Medicare fees

Opportunity for Collaboration



Potential Option

San Antonio Military Vascular Center

1) Model of service integration to maximize efficiency in manpower and physical resources

2) Military group practice with high-volume vascular experience to increase staff proficiency and optimize patient outcome

3) *Single* clinical platform from which to explore concepts for Medicare beneficiaries in Multi-Market (UTHSCSA > 65 MOU)

Impact of Vascular Center on Accepting MTF

- 10,000 sq/ft space requirement for Vascular Center
  - 3 USAF surgeons / 2 USA surgeons / 3 endovascular specialists
  - expansion of non-invasive vascular laboratory
- Additional 4,000 outpatient visits annually
- Additional annual OR days and ICU beds
  - W/O UTHSCSA > 65 MOU: 300 cases/100 OR days / 150 ICU bed days
  - Long-term: with UTHSCSA > 65 MOU: 150 cases/50 OR days/75 ICU bed days

Impact of Vascular Center on GME

GME Programs to be affected by Vascular Center:

- **Anesthesiology**
- **Cardiology**
- **Radiology**

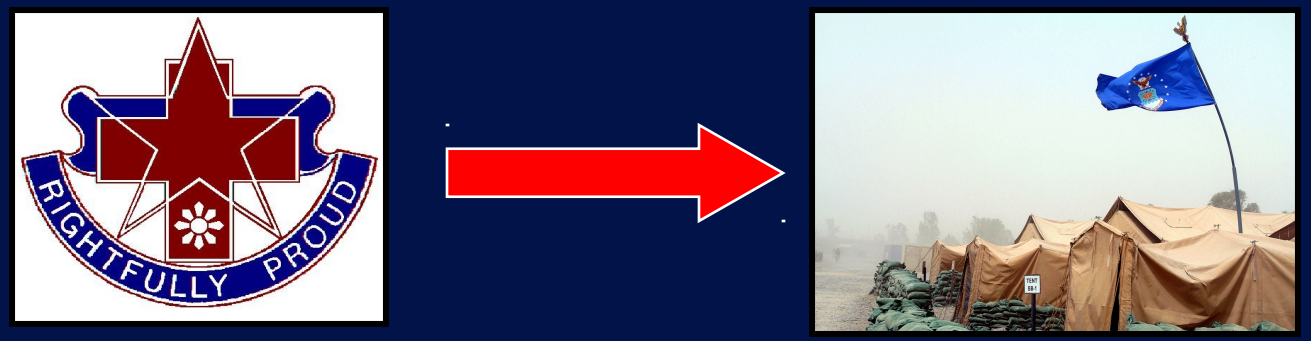
Existing integrated residencies with BAMC via SAUSHEC

- **General Surgery**
- **Interventional Radiology**

Residency / fellowship *not* integrated with BAMC

Impact of Vascular Center on Readiness

- Large group practice stabilizing care of beneficiaries during increased deployment tempo
- Single military training platform with concentrated vascular experience



Balad Air Base, Iraq

Issues to be Resolved with Service Move to BAMC

- General surgery residency
  - Rearrangement of 4th year rotations
- Cardiology residency / fellowship
  - Loss of pre/perioperative consultations
- Anesthesia residency
  - Loss of complicated vascular cases in OR
- OR technical and nurse staffing
  - Loss of complicated vascular cases
- Interventional radiology fellowship
  - Loss of collaborative opportunity at WHMC

San Antonio Military Vascular Center

Additional Issues to be Resolved

- Space for Vascular Center
- Memorandums of Understanding
  - Between MTF's
  - With UTHSCSA
- Work credit to appropriate MTF and business plan
- Vascular Center Organization / Director
- Specific CME program issues

Complex Endovascular Surgery is Standard of Care

Endovascular Aneurysm Repair (EVAR) – NEJM C

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 OCTOBER 14, 2004 VOL. 351 NO. 16

A Randomized Trial Comparing Conventional and Endovascular Repair of Abdominal Aortic Aneurysms

Monique Prinssen, M.D., Eric L.G. Verhoeven, M.D., Jaap Buth, M.D., Philippe W.M. Cuypers, M.D., Marc R.H.M. van Sambeek, M.D., Ron Balm, M.D., Erik Buskens, M.D., Diederick E. Grobbee, M.D., and Jan D. Blankensteijn, M.D., for the Dutch Randomized Endovascular Aneurysm Management (DREAM)Trial Group*

CONCLUSIONS

On the basis of the overall results of this trial, endovascular repair is preferable to open repair in patients who have an abdominal aortic aneurysm that is at least 5 cm in diameter. Long-term follow-up is needed to determine whether this advantage is sustained.

Complex Endovascular Surgery is Standard of Care

Carotid-Artery Stenting (CAS) – NEJM Oct 20

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 OCTOBER 7, 2004 VOL. 351 NO. 15

Protected Carotid-Artery Stenting versus Endarterectomy in High-Risk Patients

Jay S. Yadav, M.D., Mark H. Wholey, M.D., Richard E. Kuntz, M.D., M.Sc., Pierre Fayad, M.D., Barry T. Katzen, M.D., Gregory J. Mishkel, M.D., Tanvir K. Bajwa, M.D., Patrick Whitlow, M.D., Neil E. Strickman, M.D., Michael R. Jaff, D.O., Jeffrey J. Popma, M.D., David B. Snead, Ph.D., Donald E. Cutlip, M.D., Brian G. Firth, M.D., Ph.D., and Kenneth Ouriel, M.D., for the Stenting and Angioplasty with Protection in Patients at High Risk for Endarterectomy Investigators*

CONCLUSIONS

Among patients with severe carotid-artery stenosis and coexisting conditions, carotid stenting with the use of an emboli-protection device is not inferior to carotid endarterectomy.

WHMC Capital Investment

- OEC Mobile C-arm fluoro unit - $350,000K
- OEC Mobile C-arm imaging table - $90,000K
- JOMED Intravascular ultrasound - $90,000K
- MedRad Power contrast injector - $20,000K
- Augmentation of OR image monitors, inventory and storage - $250,000K